

Annexure - A

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Hospital Cash Insurance Policy	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	<p>Benefit</p> <ul style="list-style-type: none"> Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event) 	-
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy). <p>Sum Insured Options(Rs): 500,1000,1500,2000,2500,3000 per Day</p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>Section 1: Hospital Confinement Benefit: A Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a maximum number of X days as mentioned in the Schedule.</p> <p>Section 2: Intensive Care Benefit : Two times the Daily Allowance, subject to maximum of X days as mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You/ Your Insured Family Member in the Intensive Care Unit of a Hospital during any period of Hospitalisation.</p> <p>Section 3: Convalescence Benefit: If Hospital Confinement continues for a period of more than 21 consecutive days, the benefit payable will be as specified in the Schedule against this benefit. This benefit is paid once in a year for each insured event.</p> <p>*For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under category II, benefit under category I would not be payable.</p>	Section D

		*However, our total liability, under this Section, for payment of all claims in aggregate for the Policy Period shall not exceed the Sum Insured as stated in the Schedule.	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Any Sickness that has been classified as an Epidemic by the Central or State Government. 2. General debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilisation or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure 3. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured. 4. Payment of compensation in respect of injury, hospitalisation resulting - <ol style="list-style-type: none"> a. From intentional self-injury, suicide or attempted suicide. b. Self-exposure to needless perils except in an attempt to save human life. c. Whilst under the influence of liquor or drugs or other intoxicants. d. Emotional distress e. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. f. Directly or indirectly, caused by venereal disease, AIDS or insanity. g. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion. h. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like. i. Due to war or ionizing radiation or nuclear perils. j. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or 	E 3,4, 6-13

		<p>circus personnel or any such occupations of similar hazard.</p> <p>i. Congenital anomalies or any complications or conditions arising therefrom; or</p> <p>5. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy)</p> <p>6. Any treatment not performed by a Physician or any treatment of a purely experimental nature.</p> <p>7. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).</p> <p>8. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.</p> <p>9. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology</p> <p>10. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.</p> <p>11. All kind of Alternate Treatment</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>Waiting Period:</p> <ol style="list-style-type: none"> 1. Pre-existing diseases will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Policy with Us. 2. Treatment of following diseases within the first one year from the commencement of the Policy, will not be payable: <ul style="list-style-type: none"> • Cataract • Benign Prostatic Hypertrophy • Myomectomy, Hysterectomy unless because of malignancy • Hernia, Hydrocele • Fistula in anus, Piles • Arthritis, gout, rheumatism • Joint replacements unless due to accident • Sinusitis and related disorders • Stones in the urinary and biliary systems • Dilatation and curettage 	<p>E 1.1, E.1.2, F.1.8</p>

		<ul style="list-style-type: none"> • Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/ adenoids and hemorrhoids • Dialysis required for chronic renal failure • Surgery on tonsils and sinuses • Gastric and Duodenal ulcers <p>3. Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption with the Company or the policy is a renewal of similar health insurance policy from any of the other Indian insurers and We have accepted your proposal with portability.</p>	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>There is no Sublimit under policy</p> <p>There is no Deductible under policy</p> <p>There is no Co-payment under policy</p>	-

9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ul style="list-style-type: none"> • Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - 1 hr ii. TAT for cashless final bill authorization - 3 hrs <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.</p> <p>Provide the details/web link for following: i. Network Hospital details: Available on website: www.universalsompo.com.</p>	Section F- Claims Procedure
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ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website:

www.universalsompo.com.

iv. Downloading/getting claim form:

Available on website:

www.universalsompo.com

- Anywhere Cashless Facility (Non Network Cashless):

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at contactus@universalsompo.com
- Reimbursement facility:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at contactus@universalsompo.com and inform about your claim.

		<p>Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p> <p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sampo General Insurance Company Limited, Health Claims Management Office, 1st Floor, C-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309</p> <p>Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.</p>	
10	Policy Servicing	<p>1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2) E-mail Address: contactus@universalsompo.com.</p> <p>3) Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane-Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Note: Please include Your Policy number for any communication with us.</p>	F.1.13
11	Grievances/ Complaints	<p>Grievance</p> <p>Resolving Issue Write to : Customer Service Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email: grievance@universalsompo.com For More details, visit - www.universalsompo.com</p>	F.1.14

		<p>Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO. Grievance Redressal Officer In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to: Customer Service Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: GRO@universalsompo.com</p> <p>Insurance Ombudsman Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.ciains.co.in/Ombudsman. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/ the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in or from any of Offices of the Company.</p>	
12	Things to remember	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical</p>	F.1.3, F.1.4, F.1.7, F.1.8, F.1.10

- examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

2. **Policy renewal:** Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.
3. **Migration and Portability:** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with a Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

		<p>4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start a fresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalization History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out to us for disclosure of Material Information-</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p>	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

- i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.
- iii. The insurer shall obtain confirmation from the policyholder regarding receipt of the Customer Information Sheet.